2006 CAP-MR/DD QUALIFCATIONS CHECKLIST

PROVIDER NAME	:	 	 			
Control #s:		 			 	

Requirement	Name								
HS Diploma / GED									
Before work:									
Alternatives to Restrictive Intervention									
Employee training									
Service/Documentation									
Client Rights									
Confidentiality									
Bloodborne Pathogens									
Agency Orientation									
1 Person in Facility:									
First Aid									
Current CPR									
Also:				1		1			
Supervision Plan									
Supervision Plan implemented									
Criminal Record (1/1/01)									
HealthCare Registry									
See Appendix L for Service Specific Requirements									